PTO/SB/21 (01-08)

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## Application Number 10/821,326 April 9, 2004 **TRANSMITTAL** Filing Date First Named Inventor Leach **FORM** Art Unit 1609 **Examiner Name** Brown, Courtney A. (to be used for all correspondence after initial filing) Attorney Docket Number 38184 03402115

Total Number of Pa	ges in This Submission			30104	.03402	203					
ENCLOSURES (Check all that apply)											
Fee Transmittal Form  X Fee Attached  X Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53			Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on Corks  heck No. 23517 (\$46)	ion Address CD	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name Milbank, Tweed, Hadley & McCloy LLP											
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Printed name Soheui Choe											
Date January 14, 2008				Reg. No.	L030	09					
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Effective on 12/08/2004. to the Consolidated Appropriations Act, 2005 (H.R. 4818).

	Consolidated Appropriations Act	TT A I	Application Number	per 10/821,326								
FEE	\TRANSMI	Filing Date	April 9, 2	April 9, 2004								
JAN 1 4 2008 % For FY 2008			First Named Inventor	Leach	Leach							
	ns small entity status. See 3	7 CEP 1 27	Examiner Name	Brown, C	Courtney A.							
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THE WHAT SALES	OF PAYMENT (\$)	960.00	Attorney Docket No.	38184.03	3402US							
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 13-3250 Deposit Account Name: 38184.03402US												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Char	ge fee(s) indicated below		Charge fee	(s) indicated	below, excep	t for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULA	TION											
1. BASIC FILING	S, SEARCH, AND EXAMI FILING FEES		, and the second	^	1.555							
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Application Ty					<del>)</del> (\$)	Fees Paid (\$)						
Utility	310 155	510		10 10	•							
Design	210 105	100										
Plant	210 105	310										
Reissue	310 155	510		20 31								
Provisional	210 105	. 0	0	0	0							
2. EXCESS CLAIM FEES Fee Obscription Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims  Fee (\$) Fee (\$) Fee (\$)  Each independent claim over 3 (including Reissues) Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x . = = - (Fee Paid (\$) Fee												
SUBMITTED BY			Pagistration No.		l							
Signature	Clo		Registration No. (Attorney/Agent) L0309		Telephone 20	02-835-7523						
Name (Print/Type) Soheu Choe . Date January 14, 2008												
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